## FILED EFFECTIVE



Printed Name:

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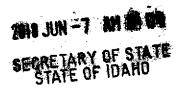
Signature:

Rev. 01/2018

Signature:

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in duplicate.



The name of the limited liability company is: TA/EMEDICAL TIC

Street Address)	
Mailing Address. if different)	
The name and complete stre	et address of the registered agent:
MINDI EAMES	1640 MARSALA CT, AMMON, ID 83401
Name)	(Address)
The name and address of at	least one governor of the limited liability company:
TRAVIS EAMES	1640 MARSALA CT, AMMON, ID 83401
Name)	(Address)
Name)	(Address)
Name)	(Address)
Name)	(Address)
Mailing address for future co	rrespondence (annual report notices):
	roportadino (armaar roport riotado).

IDAHO SECRETARY OF STATE 06/07/2018 05:00

CK:1487 CT:358832 BH:1647607 10 100.00 = 100.00 ORGAN LLC #2

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